

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **King D. Rives,  
Marydel H. Rives**

Debtors

Case No. **13-33079**

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>23,329.87</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>2</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>20,625.31</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>3</b>		<b>117,750.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>33</b>		<b>137,787.90</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>6,157.03</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>7,359.00</b>
Total Number of Sheets of ALL Schedules		<b>50</b>			
Total Assets			<b>23,329.87</b>		
Total Liabilities				<b>276,163.21</b>	

**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **King D. Rives,  
Marydel H. Rives**

Debtors

Case No. **13-33079**

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>117,750.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>117,750.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>6,157.03</b>
Average Expenses (from Schedule J, Line 18)	<b>7,359.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>9,723.93</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>4,652.78</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>21,750.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>96,000.00</b>
4. Total from Schedule F		<b>137,787.90</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>238,440.68</b>

B6A (Official Form 6A) (12/07)

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>cash</b>	<b>J</b>	<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings account with EnTrust FCU ending in 7454</b>	<b>J</b>	<b>25.69</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>current landlord's deposit</b>	<b>J</b>	<b>1,600.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>heirloom silver</b>	<b>J</b>	<b>1,615.00</b>
		<b>kitchenware, linens, decorative items, washer &amp; dryer, computer, refrigerator, 3 TVs, Stereo, 2 sofas, loveseat, misc tables and lamps, 2 upholstered chairs, kitchen table and chairs, 2 dining tables and chairs, china cabinet, 2 bedroom sets, china, silver, crystal, vacuum</b>	<b>J</b>	<b>2,500.00</b>
		<b>ipad</b>	<b>J</b>	<b>457.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>mens clothing</b>	<b>H</b>	<b>1,000.00</b>
		<b>womens clothing</b>	<b>W</b>	<b>1,000.00</b>
7. Furs and jewelry.		<b>wedding ring</b>	<b>H</b>	<b>200.00</b>
		<b>misc costume jewelry</b>	<b>J</b>	<b>200.00</b>
		<b>Masonic Ring</b>	<b>H</b>	<b>867.00</b>

Sub-Total > **9,564.69**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
8. Firearms and sports, photographic, and other hobby equipment.		<b>shotgun</b>	<b>H</b>	<b>839.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401k with Konica-Minolta - recently cashed out available funds of approximately \$1700.00</b>	<b>H</b>	<b>Unknown</b>
		<b>Prudential retirement account</b>	<b>H</b>	<b>629.18</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>2012 OK tax refund</b>	<b>J</b>	<b>75.00</b>

Sub-Total > **1,543.18**  
(Total of this page)

Sheet **1** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **King D. Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2010 Hyundai Sonata with 100,000 miles</b>	<b>J</b>	<b>10,500.00</b>
		<b>1999 Jeep Cherokee with 140,000 miles</b>	<b>J</b>	<b>1,700.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

Sub-Total > **12,200.00**  
(Total of this page)

Sheet **2** of **3** continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
31. Animals.		<b>2 pet dogs</b>	<b>J</b>	<b>20.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.		<b>All proceeds within 6 months of filing bankruptcy including but not limited to inchoate interest in inheritance property, insurance proceeds, property settlements, lottery proceeds, and any interest debtor has in property that is unknown to the debtor at the date of filing.</b>	<b>J</b>	<b>2.00</b>

Sub-Total > **22.00**  
(Total of this page)  
Total > **23,329.87**

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **King D. Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Husband's Exemptions</b>			
<b><u>Household Goods and Furnishings</u></b>			
heirloom silver	Va. Code Ann. § 34-26(2)	1.00	1,615.00
kitchenware, linens, decorative items, washer & dryer, computer, refrigerator, 3 TVs, Stereo, 2 sofas, loveseat, misc tables and lamps, 2 upholstered chairs, kitchen table and chairs, 2 dining tables and chairs, china cabinet, 2 bedroom sets, china, silver, crystal, vacuum	Va. Code Ann. § 34-26(4a)	1,250.00	2,500.00
ipad	Va. Code Ann. § 34-26(4a)	1.00	457.00
<b><u>Wearing Apparel</u></b>			
mens clothing	Va. Code Ann. § 34-26(4)	1,000.00	1,000.00
<b><u>Furs and Jewelry</u></b>			
wedding ring	Va. Code Ann. § 34-26(1a)	200.00	200.00
Masonic Ring	Va. Code Ann. § 34-4	1.00	867.00
<b><u>Firearms and Sports, Photographic and Other Hobby Equipment</u></b>			
shotgun	Va. Code Ann. § 34-26(4b)	1.00	839.00
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
401k with Konica-Minolta - recently cashed out available funds of approximately \$1700.00	Va. Code Ann. § 34-34	1.00	Unknown
<b><u>Other Liquidated Debts Owing Debtor Including Tax Refund</u></b>			
2012 OK tax refund	Va. Code Ann. § 34-4	37.50	75.00
<b><u>Animals</u></b>			
2 pet dogs	Va. Code Ann. § 34-26(5)	10.00	20.00
<b><u>Other Personal Property of Any Kind Not Already Listed</u></b>			
All proceeds within 6 months of filing bankruptcy including but not limited to inchoate interest in inheritance property, insurance proceeds, property settlements, lottery proceeds, and any interest debtor has in property that is unknown to the debtor at the date of filing.	Va. Code Ann. § 34-4	1.00	2.00

Total: **2,503.50** **7,575.00**1 continuation sheets attached to Schedule of Property Claimed as Exempt



In re **King D. Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Wife's Exemptions</u></b>			
<b><u>Household Goods and Furnishings</u></b>			
heirloom silver	Va. Code Ann. § 34-26(2)	1.00	1,615.00
kitchenware, linens, decorative items, washer & dryer, computer, refrigerator, 3 TVs, Stereo, 2 sofas, loveseat, misc tables and lamps, 2 upholstered chairs, kitchen table and chairs, 2 dining tables and chairs, china cabinet, 2 bedroom sets, china, silver, crystal, vacuum	Va. Code Ann. § 34-26(4a)	1,250.00	2,500.00
ipad	Va. Code Ann. § 34-4	0.47	457.00
<b><u>Wearing Apparel</u></b>			
womens clothing	Va. Code Ann. § 34-26(4)	1,000.00	1,000.00
<b><u>Furs and Jewelry</u></b>			
misc costume jewelry	Va. Code Ann. § 34-4	200.00	200.00
<b><u>Other Liquidated Debts Owning Debtor Including Tax Refund</u></b>			
2012 OK tax refund	Va. Code Ann. § 34-4	37.50	75.00
<b><u>Animals</u></b>			
2 pet dogs	Va. Code Ann. § 34-26(5)	10.00	20.00
<b><u>Other Personal Property of Any Kind Not Already Listed</u></b>			
All proceeds within 6 months of filing bankruptcy including but not limited to inchoate interest in inheritance property, insurance proceeds, property settlements, lottery proceeds, and any interest debtor has in property that is unknown to the debtor at the date of filing.	Va. Code Ann. § 34-4	1.00	2.00

Total:

**2,499.97****5,869.00**

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>2012</b>					
<b>Ameripawn</b> <b>6019 West Broad Street</b> <b>Richmond, VA 23230</b>		<b>J</b>	<b>Non-Purchase Money Security</b>  <b>all personal property</b>					
			Value \$ <b>1,615.00</b>				<b>1,613.00</b>	<b>0.00</b>
Account No. <b>24051</b>			<b>2012</b>					
<b>Ameripawn</b> <b>6019 West Broad Street</b> <b>Richmond, VA 23230</b>		<b>J</b>	<b>Non-Purchase Money Security</b>  <b>ipad</b>					
			Value \$ <b>457.00</b>				<b>455.53</b>	<b>0.00</b>
Account No. <b>13768</b>			<b>2012</b>					
<b>Ameripawn</b> <b>6019 West Broad Street</b> <b>Richmond, VA 23230</b>		<b>J</b>	<b>Non-Purchase Money Security</b>  <b>shotgun</b>					
			Value \$ <b>839.00</b>				<b>838.00</b>	<b>0.00</b>
Account No. <b>19332</b>			<b>2012</b>					
<b>Ameripawn</b> <b>6019 West Broad Street</b> <b>Richmond, VA 23230</b>		<b>J</b>	<b>Non-Purchase Money Security</b>  <b>Masonic Ring</b>					
			Value \$ <b>867.00</b>				<b>866.00</b>	<b>0.00</b>
Subtotal (Total of this page)							<b>3,772.53</b>	<b>0.00</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>B9</b>			<b>2/2011</b>					
<b>Friendly Finance</b> <b>6340 Security Blvd. Ste 200</b> <b>Baltimore, MD 21207</b>		<b>H</b>	<b>Purchase Money Security</b> <b>2010 Hyundai Sonata with 100,000 miles</b>					
			Value \$ <b>10,500.00</b>				<b>15,152.78</b>	<b>4,652.78</b>
Account No.			<b>Non-Purchase Money Security</b>					
<b>MoneyMax Title Loans (p)</b> <b>3440 PReston Ridge Road</b> <b>Suite 599</b> <b>Alpharetta, GA 30005</b>		<b>J</b>	<b>1999 Jeep Cherokee with 140,000 miles</b>					
			Value \$ <b>1,700.00</b>				<b>1,700.00</b>	<b>0.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal  
(Total of this page)

**16,852.78**

**4,652.78**

Total  
(Report on Summary of Schedules)

**20,625.31**

**4,652.78**

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y
								A M O U N T E N T I T L E D T O P R I O R I T Y
Account No.			2012					
Commonwealth of VA (tax)* Department of Taxation/Legal PO Box 2156 Richmond, VA 23218	J		taxes				300.00	0.00
							300.00	300.00
Account No.			2012					
County of Henrico Delinquent Tax Dept. P.O. Box 27032 Richmond, VA 23273	J		taxes				250.00	0.00
							250.00	250.00
Account No.			2010 - 2012					
Internal Revenue Service * (e) Centralized Insolvency Unit P.O. Box 7346 Philadelphia, PA 19101-7346	J		taxes				117,000.00	96,000.00
							117,000.00	21,000.00
Account No.			Representing: Internal Revenue Service * (e)				Notice Only	
Dept. of Justice Tax Division P O Box 227 Ben Franklin Station Washington, DC 20044								
Account No.			Representing: Internal Revenue Service * (e)				Notice Only	
US Attorneys Office 600 E. Main Street Richmond, VA 23219								
Subtotal							117,550.00	96,000.00
(Total of this page)							117,550.00	21,550.00

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>2012</b>					
<b>State of Illinois Tax Dept 101 W. Jefferson Street Springfield, IL 62702</b>	<b>J</b>		<b>taxes</b>					<b>0.00</b>
							<b>200.00</b>	<b>200.00</b>
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								<b>0.00</b>
(Total of this page)							<b>200.00</b>	<b>200.00</b>
Total								<b>96,000.00</b>
(Report on Summary of Schedules)							<b>117,750.00</b>	<b>21,750.00</b>

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R  H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Advance America</b> <b>9070 West Broad St, Ste B</b> <b>Henrico, VA 23294</b>	<b>J</b>	<b>payday loan</b>				<b>600.00</b>
Account No.  <b>Jefferson Capital Systems</b> <b>P O Box 953185</b> <b>Saint Louis, MO 63195-3185</b>		<b>Representing:</b> <b>Advance America</b>				<b>Notice Only</b>
Account No.  <b>Advanced Orthopaedic Centers</b> <b>7858 Shrader Rd.</b> <b>Richmond, VA 23294</b>	<b>H</b>	<b>5/07</b> <b>medical/dental services</b>				<b>700.00</b>
Account No.  <b>I.C. System Inc</b> <b>P. O. Box 64378</b> <b>Saint Paul, MN 55164</b>		<b>Representing:</b> <b>Advanced Orthopaedic Centers</b>				<b>Notice Only</b>
Subtotal (Total of this page)						<b>1,300.00</b>

32 continuation sheets attached

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>ADvantis</b> <b>P O box 774</b> <b>Sioux Falls, SD 57101</b>	<b>J</b>	<b>consumer debt</b>				<b>Unknown</b>
Account No. <b>340458495311</b>  <b>ASPCA</b> <b>c/o Midstate Collection</b> <b>P O Box 3292</b> <b>Champaign, IL 61826</b>	<b>J</b>	<b>8/11</b> <b>consumer debt</b>				<b>70.00</b>
Account No.  <b>Bank of America *</b> <b>P.O. Box 982235</b> <b>El Paso, TX 79998</b>	<b>J</b>	<b>Credit card purchases</b>				<b>5,000.00</b>
Account No. <b>1123052422</b>  <b>Bon Secours Health System</b> <b>P.O. Box 28538</b> <b>Richmond, VA 23228</b>	<b>H</b>	<b>various</b> <b>medical/dental services</b>				<b>272.00</b>
Account No.  <b>BCC Financial Mgmt Services</b> <b>3230 W. Commercial Blvd</b> <b>Suite 200</b> <b>Fort Lauderdale, FL 33309</b>		<b>Representing:</b> <b>Bon Secours Health System</b>				<b>Notice Only</b>
Sheet no. <b>1</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>5,342.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Greer P Jackson Jr. Esq 8500 Mayland Drive Richmond, VA 23294</b>		<b>Representing: Bon Secours Health System</b>				<b>Notice Only</b>
Account No. <b>1123392768</b>		<b>12/12 medical/dental services</b>				<b>142.00</b>
<b>Bon Secours Health System P.O. Box 28538 Richmond, VA 23228</b>	<b>H</b>					
Account No.						
<b>BCC Financial Mgmt Services 3230 W. Commercial Blvd Suite 200 Fort Lauderdale, FL 33309</b>		<b>Representing: Bon Secours Health System</b>				<b>Notice Only</b>
Account No.						
<b>Greer P Jackson Jr. Esq 8500 Mayland Drive Richmond, VA 23294</b>		<b>Representing: Bon Secours Health System</b>				<b>Notice Only</b>
Account No.		<b>consumer debt</b>				<b>3,000.00</b>
<b>Carpet Cuts 5013 Forest Hill Ave Richmond, VA 23225</b>	<b>J</b>					
Sheet no. <b>2</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,142.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>consumer debt</b>				<b>Unknown</b>
<b>Carpet Doctor carpet care P O Box 29713 Henrico, VA 23242</b>	<b>J</b>					
Account No.		<b>consumer debt</b>				<b>Unknown</b>
<b>Check \$mart 7001 Post Road, Ste 200 Dublin, OH 43016</b>	<b>J</b>					
Account No.		<b>Representing: Check \$mart</b>				<b>Notice Only</b>
<b>Check\$mart 4503 W. Broad Street Richmond, VA 23230</b>						
Account No.		<b>payday loan</b>				<b>Unknown</b>
<b>Check City Regional Office 2729-B W Broad Richmond, VA 23220</b>	<b>J</b>					
Account No.		<b>lessor</b>				<b>2,300.00</b>
<b>Chris Tagliente 2300 Cary Street Richmond, VA 23223</b>	<b>J</b>					
Sheet no. <b>3</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,300.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>102553</b>  <b>Chrysler Financial *</b> <b>27777 Inkster Road</b> <b>Farmington, MI 48334-5326</b>	<b>X J</b>	<b>secured loan</b>				<b>6,000.00</b>
Account No.  <b>City of Chicago</b> <b>Dept of Finance</b> <b>P O Box 88298</b> <b>Chicago, IL 60680</b>	<b>H</b>	<b>finest</b>				<b>Unknown</b>
Account No.  <b>City of Richmond</b> <b>Dept of Utilities</b> <b>P.O. Box 26060</b> <b>Richmond, VA 23274-0001</b>	<b>J</b>	<b>2012, 2013</b> <b>Utility Service</b>				<b>2,030.00</b>
Account No.  <b>Colortyme</b>	<b>J</b>	<b>consumer debt City of Richmond GDC case</b> <b>GV11012249-00</b>				<b>1,000.00</b>
Account No. <b>13092080</b>  <b>Comcast (p)</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 3012</b> <b>Southeastern, PA 19398-3012</b>	<b>J</b>	<b>2007</b> <b>consumer debt</b>				<b>509.00</b>
Sheet no. <b>4</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>9,539.00</b>
Subtotal (Total of this page)						<b>9,539.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.						Notice Only
Eastern Account System 75 glen rd ste 110 Sandy Hook, CT 06482						
Account No.		W				672.00
Costco, Inc. 9650 West Broad St. Glen Allen, VA 23060						
Account No.						Notice Only
Ballato Law Firm PC 3721 Westerre Parkway, Ste A Henrico, VA 23233						
Account No.		J				300.00
Countryside Vet Hospital 10432 Ridgefield Parkway Henrico, VA 23238						
Account No.						Notice Only
Richard J. Knapp, Esq 2800 Patterson Ave #101 Richmond, VA 23221						
Sheet no. <u>5</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						972.00

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>009173-01020166</b>  <b>County of Henrico Dept. of Public Utilities POB 27032 Richmond, VA 23273</b>	<b>J</b>	<b>2013 Utility Arrearage</b>				<b>480.00</b>
Account No.  <b>County of Henrico Jason M. Hart Asst. Co. Atny P.O. Box 90775 Henrico, VA 23273-0775</b>		<b>Representing: County of Henrico</b>				<b>Notice Only</b>
Account No.  <b>Creative Contracting 1621 W. Cary Street Richmond, VA 23220</b>	<b>J</b>	<b>10/07 consumer debt</b>				<b>7,000.00</b>
Account No. <b>75773279</b>  <b>Credit Acceptance Corp PO Box 513 Southfield, MI 48037</b>	<b>H</b>	<b>2003 Mercedes SUV - returned to lender</b>				<b>8,900.00</b>
Account No.  <b>Drive Finance P.O. Box 562088 Dallas, TX 75356-2088</b>		<b>Representing: Credit Acceptance Corp</b>				<b>Notice Only</b>
Sheet no. <b>6</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>16,380.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>974</b>  <b>Credit Acceptance Corp</b> <b>PO Box 513</b> <b>Southfield, MI 48037</b>	<b>J</b>	<b>4/09</b> <b>Deficiency balance on 2002 BMW 540i with</b> <b>118,000 miles surrendered in 2011</b>				<b>5,200.00</b>
Account No.  <b>David M. Marks</b> <b>c/o MeyerGoergan Law</b> <b>1802 Bayberry Court</b> <b>Suite 200</b> <b>Richmond, VA 23226</b>	<b>J</b>	<b>2012</b> <b>consumer debt - Henrico GDC case</b> <b>GV13010084-00 - pening of 7-5-13 hearing</b>				<b>8,800.00</b>
Account No. <b>16959502</b>  <b>Dept of Motor Vehicles</b> <b>District of Columbia</b> <b>P O Box 2014</b> <b>Washington, DC 20013</b>	<b>H</b>	<b>4/12</b> <b>parking fines 16959502</b>				<b>270.00</b>
Account No.  <b>Prof Acct Mgmt IN</b> <b>633 W. Wisconsin Ave</b> <b>Suite 1600</b> <b>Milwaukee, WI 53203</b>		<b>Representing:</b> <b>Dept of Motor Vehicles</b>				<b>Notice Only</b>
Account No. <b>874270426</b>  <b>Dominion Pathology</b> <b>733 Boush Street</b> <b>Suite 200</b> <b>Norfolk, VA 23510</b>	<b>H</b>	<b>8/09</b> <b>medical/dental services</b>				<b>25.00</b>
Sheet no. <b>7</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>14,295.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Creditors Collection Service P.O. Box 21504 Roanoke, VA 24018</b>		<b>Representing: Dominion Pathology</b>				<b>Notice Only</b>
Account No.  <b>Dominion Virginia Power(p) P.O. Box 26666 18th Floor Richmond, VA 23261</b>	<b>J</b>	<b>2013 Utility service</b>				<b>1,009.00</b>
Account No.  <b>Drs. Overton, Wiley, Kirchmier 10410 Ridgefield Parkway Richmond, VA 23233</b>	<b>J</b>	<b>Medical Services</b>				<b>Unknown</b>
Account No. <b>11400486</b>  <b>DT Credit Corp * P O Box 29018 Phoenix, AZ 85038-9018</b>	<b>H</b>	<b>6/08 secured loan - 2006 Chrylser Pacifica with 141,000 miles - deficiency</b>				<b>7,741.00</b>
Account No.  <b>Ducts Unlimited 5110 Byrdhill Road Henrico, VA 23228</b>	<b>J</b>	<b>10/09 consumer debt</b>				<b>275.00</b>
Sheet no. <b>8</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>9,025.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						Notice Only
<b>Credit Adjustment Board * (e) 306 E. Grace Street Richmond, VA 23219</b>		<b>Representing: Ducts Unlimited</b>				
Account No.						416.69
<b>Entrust Federal Credit Union PO Box 6882 Richmond, VA 23230</b>		<b>2013 Liberty Loan</b>				
Account No.						918.00
<b>Eric T. Voncannon 2017 Wade Court Henrico, VA 23229</b>		<b>consumer debt</b>				
Account No. <b>517800707503 517800638406</b>						578.00
<b>First Premier Bank (e) 601 S. Minnesota Ave. Sioux Falls, SD 57104</b>		<b>7/2011 consumer debt</b>				
Account No.						629.00
<b>First Premier Bank (e) 601 S. Minnesota Ave. Sioux Falls, SD 57104</b>		<b>11/2010 461007873649, 517800632408, 517800638406</b>				
Sheet no. <u>9</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,541.69</b>



In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>7/09</b>				
<b>George Athy Upholstery</b> <b>214 W. Broad Street</b> <b>Richmond, VA 23220</b>	<b>W</b>	<b>consumer debt - City of Richmond GDC case</b> <b>GV0903618</b>				<b>3,000.00</b>
Account No.		<b>consumer debt</b>				
<b>Giant Stores/Martins</b> <b>P O Box 930</b> <b>Halifax, PA 17032</b>	<b>W</b>					<b>206.00</b>
Account No.		<b>Representing:</b> <b>Giant Stores/Martins</b>				<b>Notice Only</b>
<b>Powell, Rogers &amp; Speaks</b> <b>P.O. Box 930</b> <b>Halifax, PA 17032-0930</b>						
Account No.		<b>legal fees</b>				
<b>Gilliam &amp; Evans, P.L.C.</b> <b>7821 Ironbridge Road</b> <b>Richmond, VA 23237</b>	<b>J</b>					<b>Unknown</b>
Account No.		<b>consumer debt</b>				
<b>Gold Key</b> <b>re Mercer Rug Cleaning</b> <b>16070 Aviation Loop Rd</b> <b>Brooksville, FL 34604</b>	<b>W</b>					<b>600.00</b>
Sheet no. <b>10</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,806.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Mercer Rug Cleaning 3116 W. Moore Street Richmond, VA 23230</b>		<b>Representing: Gold Key</b>				<b>Notice Only</b>
Account No.		<b>consumer debt</b>				
<b>Gotcha Covered 11152 Leadbetter Road Ashland, VA 23005</b>	<b>J</b>					<b>Unknown</b>
Account No.		<b>2006 consumer debt - Henrico GDC case GV11006100</b>				
<b>H&amp;M Dry Carpet Cleaning 11278 Caruthers Way Glen Allen, VA 23059</b>	<b>W</b>					<b>600.00</b>
Account No.		<b>Representing: H&amp;M Dry Carpet Cleaning</b>				
<b>Caudle &amp; Ballato P.C. 3123 West Broad Street Richmond, VA 23230</b>						<b>Notice Only</b>
Account No. <b>12100960003248650</b>		<b>7/10 medical/dental services</b>				
<b>Hampton Roads Radiology 110 Kingsley Lane Suite 305 Norfolk, VA 23505</b>	<b>H</b>					<b>32.00</b>
Sheet no. <b>11</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>632.00</b>

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Equdata P.O. Box 6610 Newport News, VA 23606</b>		<b>Representing: Hampton Roads Radiology</b>				<b>Notice Only</b>
Account No.						
<b>Hart &amp; Associates, PC c/o Thomas W. Ashton, Esq 10045 Midlothian Tpk Suite 201 Richmond, VA 23235</b>	<b>H</b>	<b>3/10 consumer debt - judgment - Chesterfield GDC case GV10002155</b>				<b>7,000.00</b>
Account No. <b>32214428</b>						
<b>HCA Health Services of Virgini 1602 Skipwith Road Richmond, VA 23229</b>	<b>H</b>	<b>2/08 medical/dental services</b>				<b>230.00</b>
Account No.						
<b>NCO * 507 Prudential Horsham, PA 19044</b>		<b>Representing: HCA Health Services of Virgini</b>				<b>Notice Only</b>
Account No. <b>59185183</b>						
<b>HCA Health Services of Virgini 1602 Skipwith Road Richmond, VA 23229</b>	<b>W</b>	<b>4/08 medical/dental services</b>				<b>165.00</b>
Sheet no. <b>12</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>7,395.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>8955511820, 55511820</b>  <b>HSBC (e)</b> <b>PO Box 5253</b> <b>Carol Stream, IL 60197-5253</b>	<b>J</b>	<b>4/08, 10/06</b> <b>consumer debt</b>				<b>552.00</b>
Account No.  <b>Portfolio Recovery Associates</b> <b>120 Corporate Blvd.</b> <b>Suite 100</b> <b>Norfolk, VA 23502</b>		<b>Representing:</b> <b>HSBC (e)</b>				<b>Notice Only</b>
Account No. <b>17923576</b>  <b>Illinois Tollway</b> <b>2700 Ogden Ave</b> <b>Downers Grove, IL 60515</b>	<b>H</b>	<b>8/2012</b> <b>fines</b>				<b>213.00</b>
Account No.  <b>NCO *</b> <b>507 Prudential</b> <b>Horsham, PA 19044</b>		<b>Representing:</b> <b>Illinois Tollway</b>				<b>Notice Only</b>
Account No.  <b>Independence Park Imaging</b> <b>9930 Independence Park Drive</b> <b>Henrico, VA 23233</b>	<b>H</b>	<b>medical/dental services</b>				<b>40.00</b>
Sheet no. <b>13</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>805.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						Notice Only
<b>Independence Park imaging P O Box 277577 Atlanta, GA 30384</b>			<b>Representing: Independence Park Imaging</b>			
Account No.						Unknown
<b>Jeffrey W. Soden Inc 7275 Glen Forest Dr Suite 205 Richmond, VA 23226</b>		<b>J</b>	<b>2007 consumer debt - Henrico GDC case GV07005913</b>			
Account No.						Notice Only
<b>Jeff W. Soden 12205 Glenkirk Court Henrico, VA 23233-2249</b>			<b>Representing: Jeffrey W. Soden Inc</b>			
Account No.						Unknown
<b>Johns Hopkins Hospital 610 N. Caroline Street Baltimore, MD 21205</b>		<b>J</b>	<b>medical/dental services</b>			
Account No.						300.00
<b>Jules C. Jones</b>		<b>J</b>	<b>consumer debt - judgment in Henrico General District Court GV 09004340</b>			
Sheet no. <b>14</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>300.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Keith N. Hurley PC 2727 McRae Road Richmond, VA 23235</b>	<b>W</b>	<b>2012 legal fees - Chesterfield GDC case GV13006874</b>				<b>1,350.00</b>
Account No.  <b>Kingston Financial 2274 S. 1300 E. Suite G 15 #178 Salt Lake City, UT 84106</b>	<b>J</b>	<b>consumer debt</b>				<b>Unknown</b>
Account No.  <b>Laboratory Corp. of Amer* P.O. Box 2240 re: Bankruptcy Burlington, NC 27216-224</b>	<b>J</b>	<b>Medical Services</b>				<b>352.00</b>
Account No.  <b>LCA Collections P.O. Box 2240 Burlington, NC 27216-2240</b>		<b>Representing: Laboratory Corp. of Amer*</b>				<b>Notice Only</b>
Account No.  <b>Lakeside Painting/Home Improve 3018 Patterson Ave Suite 3 Richmond, VA 23221</b>	<b>J</b>	<b>5/08 consumer debt - judgment</b>				<b>2,370.00</b>
Sheet no. <b>15</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b> <b>4,072.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2013</b>				
<b>Linda S. Cavazos dba Care Cleaning 3675 Speeks Drive Midlothian, VA 23112</b>	<b>J</b>	<b>consumer debt- WID pending in Henrico GDC</b>				<b>425.00</b>
Account No.		<b>2010</b>				
<b>MCV Associated Physicians 1605 Rhoadmiller Street Richmond, VA 23220</b>	<b>W</b>	<b>medical/dental services - judgment Richmond GDC case GV1002754600</b>				<b>365.00</b>
Account No.						
<b>MCV Assoc Physicians 9000 Stony Point Parkway Richmond, VA 23235</b>		<b>Representing: MCV Associated Physicians</b>				<b>Notice Only</b>
Account No.		<b>2009</b>				
<b>Mercer Rug Cleaning 3116 W. Moore Street Richmond, VA 23230</b>	<b>W</b>	<b>consumer debt - judgment Richmond GDC GV0903164000</b>				<b>350.00</b>
Account No.		<b>consumer debt _ Henrico GDC case GV06007031</b>				
<b>Metzger Floors 8261 Hermitage Road Henrico, VA 23228</b>	<b>W</b>					<b>Unknown</b>
Sheet no. <b>16</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,140.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
<b>Berkely, Curry and Cook 1301 N. Hamilton Street Ste 200 Richmond, VA 23230</b>		<b>Representing: Metzger Floors</b>				<b>Notice Only</b>
Account No.						
<b>Meyer, Goergen &amp; Marrs 1802 Bayberry Court Suite 200 Richmond, VA 23226</b>	<b>J</b>	<b>2006 legal fees</b>				<b>750.00</b>
Account No.						
<b>Midland 17500 Chenal Parkway #200 Little Rock, AR 72223</b>	<b>W</b>	<b>consumer debt</b>				<b>1,932.00</b>
Account No.						
<b>Midland Funding LLC 8875 Aero Drive Ste 200 San Diego, CA 92123</b>	<b>W</b>	<b>8/10 consumer debt - Judgment Henrico GDC GV 1001386900</b>				<b>1,704.00</b>
Account No.						
<b>American Infosource LP P.O. Box 248897 Oklahoma City, OK 73124</b>		<b>Representing: Midland Funding LLC</b>				<b>Notice Only</b>
Sheet no. <b>17</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>4,386.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2007 medical/dental services</b>				<b>Unknown</b>
<b>Mimi M. Halleck, DDS 3402 Old Parham Road Richmond, VA 23294-4116</b>	<b>J</b>					
Account No. <b>13910</b>		<b>2012 consumer debt</b>				<b>278.00</b>
<b>Molly MAde of Capital City Virginia 8132 Forest Hill Ave Richmond, VA 23235</b>	<b>W</b>					
Account No.		<b>consumer debt</b>				<b>Unknown</b>
<b>National Credit Adjusters P.O. Box 3023 327 W 4th Street Hutchinson, KS 67504-3023</b>	<b>J</b>					
Account No. <b>7739414</b>		<b>2013 consumer debt</b>				<b>507.71</b>
<b>Nationwide Insurance World Headquarters One Nationwide Plaza Columbus, OH 43215-2220</b>	<b>H</b>					
Account No.		<b>consumer debt</b>				<b>313.00</b>
<b>NexCheck 2416 Green Springs Hwy Birmingham, AL 35209</b>	<b>W</b>					
Sheet no. <b>18</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,098.71</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	W	<b>Medical Services</b>				
<b>OB/GYN Associates, Ltd. 7601 Forest Avenue Richmond, VA 23229</b>						
						<b>15.00</b>
Account No. <b>PAL1SANC081911</b>	J	<b>consumer debt</b>				
<b>Pallisades Collection, LLC 210 Sylvan Av P O Box 1244 Englewood Cliffs, NJ 07632-0244</b>						
						<b>10,000.00</b>
Account No.		<b>Representing: Pallisades Collection, LLC</b>				<b>Notice Only</b>
<b>VATIV Recovery Solutions P.O. Box 19249 Sugar Land, TX 77496</b>						
Account No.	W	<b>consumer debt</b>				
<b>Papa Johns # 385 9811 Hull Street Road Richmond, VA 23236</b>						
						<b>52.00</b>
Account No.		<b>Representing: Papa Johns # 385</b>				<b>Notice Only</b>
<b>Payliance 3 eastonOval Ste 310 Columbus, OH 43219</b>						
Sheet no. <b>19</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>10,067.00</b>

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Secur Check</b> <b>2612 JAcKson Ave</b> <b>Oxford, MS 38655</b>			<b>Representing:</b> <b>Papa Johns # 385</b>			<b>Notice Only</b>
Account No.  <b>Patient First *</b> <b>12101 S Chalkley Rd</b> <b>Chester, VA 23831</b>		<b>H</b>	<b>4/07</b> <b>Medical Services</b>			<b>343.00</b>
Account No.  <b>Receivables Management</b> <b>P.O.Box 8630</b> <b>Richmond, VA 23226-0630</b>			<b>Representing:</b> <b>Patient First *</b>			<b>Notice Only</b>
Account No.  <b>Payday Loan Store</b> <b>10354 W. Roosevelt Road</b> <b>Westchester, IL 60154</b>		<b>H</b>	<b>payday loan</b>			<b>780.00</b>
Account No.  <b>Payday Loan Yes/Cashnet</b> <b>First Financial Service Center</b> <b>2329 N. Carter Ave #1</b> <b>Sioux Falls, SD 57107</b>		<b>J</b>	<b>consumer debt</b>			<b>Unknown</b>
Sheet no. <b>20</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,123.00</b>

In re **King D, Rives,  
Marydel H. Rives**Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>PCCS Carpet Cleaning</b> <b>9181 Ivy Spring Place</b> <b>Mechanicsville, VA 23116</b>	<b>J</b>	<b>consumer debt</b>				<b>275.00</b>
Account No. <b>0018069948</b>  <b>Pediatric Cardiology of VA</b> <b>7603 Forest Ave # 401</b> <b>Richmond, VA 23229</b>	<b>H</b>	<b>3/2010 medical/dental services</b>				<b>250.00</b>
Account No.  <b>Receivables Management</b> <b>P.O.Box 8630</b> <b>Richmond, VA 23226-0630</b>		<b>Representing: Pediatric Cardiology of VA</b>				<b>Notice Only</b>
Account No.  <b>Permatreat Pest Control</b> <b>305 S. Washington Street</b> <b>Ashland, VA 23005</b>	<b>W</b>	<b>consumer debt</b>				<b>Unknown</b>
Account No.  <b>Fredericksburg Credit Bureau</b> <b>10506 Wakeman Drive</b> <b>Fredericksburg, VA 22407</b>		<b>Representing: Permatreat Pest Control</b>				<b>Notice Only</b>
Sheet no. <b>21</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>525.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>89555118206947</b>  <b>Portfolio Recovery Associates</b> <b>120 Corporate Blvd.</b> <b>Suite 100</b> <b>Norfolk, VA 23502</b>	<b>W</b>	<b>2008</b> <b>consumer debt - HSBC</b>				<b>504.00</b>
Account No. <b>1246</b>  <b>Professional Finance Services</b> <b>Central Bky and Recovery Dept</b> <b>P O Box 1893</b> <b>Spartanburg, SC 29304</b>	<b>J</b>	<b>2005 Lexus deficiency</b>				<b>3,834.00</b>
Account No.  <b>Quest Diagnostics</b> <b>3 Giralda Farms</b> <b>Madison, NJ 07940</b>	<b>J</b>	<b>medical/dental services</b>				<b>Unknown</b>
Account No.  <b>R.L. Elliott Enterprises</b> <b>9297 Susquenna Trail</b> <b>Aylett, VA 23009</b>	<b>J</b>	<b>4/12</b> <b>consumer debt - judgment Henrico GDC case</b> <b>GV120053040</b>				<b>530.00</b>
Account No. <b>120010802009</b>  <b>RAC Acceptance</b> <b>5501 Headquarters Drive</b> <b>Plano, TX 75024</b>	<b>J</b>	<b>8/2006</b> <b>rent to own contract</b>				<b>4,640.00</b>
Sheet no. <b>22</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>9,508.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>2951899</b>	<b>J</b>	<b>4/09 medical/dental services</b>				<b>32.00</b>	
<b>Radiology Assoc of Rich P.O. Box 13343 Richmond, VA 23225-3343</b>							
Account No.		<b>Representing: Radiology Assoc of Rich</b>				<b>Notice Only</b>	
<b>Credit Adjustment Board * (e) 306 E. Grace Street Richmond, VA 23219</b>							
Account No. <b>2868380</b>	<b>W</b>	<b>8/08 medical/dental services</b>				<b>22.00</b>	
<b>Radiology Assoc. of Virginia P.O. Box 13343 Richmond, VA 23225-3343</b>							
Account No.		<b>Representing: Radiology Assoc. of Virginia</b>				<b>Notice Only</b>	
<b>Credit Adjustment Board * (e) 306 E. Grace Street Richmond, VA 23219</b>							
Account No.	<b>J</b>	<b>legal fees</b>				<b>Unknown</b>	
<b>Richard J. Knapp, Esq. 2800 Patterson Ave #101 Richmond, VA 23221</b>							
Sheet no. <u>23</u> of <u>32</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>54.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	medical/dental services				18.00
Richmond Emergency Phys P.O. Box 808 Grand Rapids, MI 49518						
Account No. A27259870	J	8/11 consumer debt				53.00
Richmond Wes c/o Optimum Outcomes 2654 Warrenville Rd Suite 500 Downers Grove, IL 60515						
Account No.	J	medical/dental services				Unknown
Riley Wiltshire Brassington 8503 Patterson Ave Henrico, VA 23229						
Account No.	J	consumer debt				7,635.00
Sabot School at Stoney Point 3400 Stoney Point Rd. Richmond, VA 23235						
Account No. 3000012448678	W	2/05 consumer debt				Unknown
Santander Consumer USA(p) Attn: Bankruptcy Dept P.O. Box 961245 Fort Worth, TX 76161						
Sheet no. 24 of 32 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			7,706.00

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Shop NBC 7825 Washington Ave Ste 310 Minneapolis, MN 55439</b>	<b>J</b>	<b>consumer debt</b>				<b>700.00</b>
Account No. <b>1598977</b>  <b>Shore Health SE c/o Hudson Law Office 326 S. Main Street Emporia, VA 23847</b>	<b>W</b>	<b>1/08 medical/dental services</b>				<b>265.00</b>
Account No.  <b>Sprint * (e) P.O. Box 152046 Attn: Bankruptcy Dept. Irving, TX 75015-2046</b>	<b>W</b>	<b>consumer debt</b>				<b>267.00</b>
Account No.  <b>Pentagroup Financial, LLC 5959 Corporate Drive Suite 1400 Houston, TX 77036</b>		<b>Representing: Sprint * (e)</b>				<b>Notice Only</b>
Account No.  <b>SunTrust Bankruptcy Dept* RVW 7941 PO Box 85092 Richmond, VA 23286</b>	<b>H</b>	<b>consumer debt</b>				<b>600.00</b>
Sheet no. <b>25</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,832.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>NCO *</b> <b>507 Prudential</b> <b>Horsham, PA 19044</b>		<b>Representing:</b> <b>SunTrust Bankruptcy Dept*</b>				<b>Notice Only</b>
Account No.		<b>consumer debt</b>				
<b>Tax Counsel LTD</b> <b>4701 Cox Road</b> <b>#310</b> <b>Glen Allen, VA 23060</b>	<b>J</b>					<b>563.00</b>
Account No. <b>2129</b>		<b>2010 or before</b> <b>consumer debt</b>				
<b>TD Auto Finance</b> <b>P O Box 551080</b> <b>Jacksonville, FL 32255</b>	<b>J</b>					<b>5,800.00</b>
Account No.		<b>3/07</b> <b>consumer debt</b>				
<b>TDAF</b> <b>27777 Franklin Road</b> <b>Farmington, MI 48334</b>	<b>J</b>					<b>Unknown</b>
Account No.		<b>1/2007</b> <b>medical/dental services</b>				
<b>The Rector &amp; Visitors of UVA</b> <b>853 W. Main Street</b> <b>Charlottesville, VA 22908</b>	<b>J</b>					<b>337.00</b>
Sheet no. <b>26</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>6,700.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>UVA Medical Ctr Patient Fin. Services POB 530272 Atlanta, GA 30353</b>		<b>Representing: The Rector &amp; Visitors of UVA</b>				<b>Notice Only</b>
Account No.		<b>consumer debt</b>				
<b>Truman Refuse Service PO Box 70882 Henrico, VA 23255</b>	<b>J</b>					<b>135.50</b>
Account No.		<b>consumer debt</b>				
<b>Tuckahoe Landscaping 2403 Lanier Road Rockville, VA 23146</b>	<b>J</b>					<b>Unknown</b>
Account No.		<b>7/10 medical/dental services - judgment Henrico GDC GV 10006690</b>				
<b>Tuckahoe Orthopaedic 8919 Three Chopt Road Attn: Bankruptcy Richmond, VA 23229</b>	<b>J</b>					<b>1,000.00</b>
Account No.		<b>Medical Services</b>				
<b>Tucker Psyc Clinic 1000 Boulders Pkwy Ste 202 Richmond, VA 23225-5515</b>	<b>H</b>					<b>120.00</b>
Sheet no. <b>27</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,255.50</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>14770870</b>  <b>U-Haul International</b> <b>2727 N. Central Ave</b> <b>Phoenix, AZ 85004</b>	<b>J</b>	<b>5/11</b> <b>Moving rental fees</b>				<b>64.00</b>
Account No.  <b>Focus Receivables Mgmt.</b> <b>1130 Northchase Parkway</b> <b>Marietta, GA 30067</b>		<b>Representing:</b> <b>U-Haul International</b>				<b>Notice Only</b>
Account No.  <b>UVA Physicians Group</b> <b>P O Box 9007</b> <b>Charlottesville, VA 22906-9007</b>	<b>W</b>	<b>2009</b> <b>medical/dental services</b>				<b>302.00</b>
Account No.  <b>BullCity Financial Solutions</b> <b>1107 W. Main Street</b> <b>Suite 201</b> <b>Durham, NC 27701</b>		<b>Representing:</b> <b>UVA Physicians Group</b>				<b>Notice Only</b>
Account No. <b>161457558</b>  <b>VCU Health System-MCV Hosp</b> <b>PO Box 980462</b> <b>Richmond, VA 23298-0462</b>	<b>W</b>	<b>10/2011</b> <b>Medical services</b>				<b>58.00</b>
Sheet no. <b>28</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>424.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5051882310</b>  <b>Verizon Virginia (e)</b> <b>500 technology Dr.</b> <b>Suite 300</b> <b>Saint Charles, MO 63304-2225</b>	<b>H</b>	<b>2004 -2009</b> <b>consumer debt</b>				<b>1,900.00</b>
Account No. <b>847101874</b>  <b>Verizon Virginia (e)</b> <b>500 technology Dr.</b> <b>Suite 300</b> <b>Saint Charles, MO 63304-2225</b>	<b>H</b>	<b>2013</b> <b>consumer debt</b>				<b>981.00</b>
Account No. <b>50518823100002</b>  <b>Verizon Wireless (e)</b> <b>250 James Street</b> <b>Morristown, NJ 07960-6410</b>	<b>H</b>	<b>2012-2013</b> <b>consumer debt</b>				<b>1,889.00</b>
Account No.  <b>Village Exxon</b> <b>Attn Jim McKenna</b> <b>7100 Patterson Ave</b> <b>Henrico, VA 23229</b>	<b>J</b>	<b>consumer debt</b>				<b>Unknown</b>
Account No. <b>2954018</b>  <b>Virginia Ear Nose &amp; Throat</b> <b>P.O. Box 36007</b> <b>Richmond, VA 23235-8000</b>	<b>J</b>	<b>4/09</b> <b>medical/dental services</b>				<b>80.00</b>
Sheet no. <b>29</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>4,850.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Credit Adjustment Board * (e) 306 E. Grace Street Richmond, VA 23219</b>			<b>Representing: Virginia Ear Nose &amp; Throat</b>			<b>Notice Only</b>
Account No.						
<b>Virginia Emer Phys LLP 75 Remittance Drive Suite 1151 Chicago, IL 60675</b>		<b>H</b>	<b>medical/dental services</b>			<b>28.00</b>
Account No.						
<b>Credit Adjustment Board * (e) 306 E. Grace Street Richmond, VA 23219</b>			<b>Representing: Virginia Emer Phys LLP</b>			<b>Notice Only</b>
Account No. <b>2406950</b>						
<b>Virginia Eye Institute 400 Westhampton Station Richmond, VA 23226</b>		<b>W</b>	<b>8/2011 Medical Services</b>			<b>288.00</b>
Account No.						
<b>Focused Recovery Sol 9701 Metropolitan Court Suite B Richmond, VA 23236</b>			<b>Representing: Virginia Eye Institute</b>			<b>Notice Only</b>
Sheet no. <b>30</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>316.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>1551210</b>  <b>Virginia Eye Institute 400 Westhampton Sta Richmond, VA 23226</b>	<b>H</b>	<b>4/12 Medical Services</b>				<b>68.00</b>
Account No.  <b>Focused Recovery Sol 9701 Metropolitan Court Suite B Richmond, VA 23236</b>		<b>Representing: Virginia Eye Institute</b>				<b>Notice Only</b>
Account No.  <b>Warren A. Whitworth dba Whitworth Landscaping P O Box 188 Arvonnia, VA 23004</b>	<b>W</b>	<b>4/10 consumer debt - judgment Henrico GDC case GV1000437400</b>				<b>1,070.00</b>
Account No. <b>1083030014</b>  <b>Westhampton Family Psych 1503 Santa Rosa #105 Henrico, VA 23229</b>	<b>J</b>	<b>10/08 medical/dental services</b>				<b>218.00</b>
Account No.  <b>Charlottesville Bureau of Credit 3690 Dobleann Drive Charlottesville, VA 22901</b>		<b>Representing: Westhampton Family Psych</b>				<b>Notice Only</b>
Sheet no. <b>31</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,356.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Whetstone Upholstery</b> <b>1122 N. Boulevard</b> <b>Richmond, VA 23230</b>		<b>W</b>	<b>3/2012</b> <b>consumer debt</b>			<b>2,700.00</b>
Account No.  <b>Woodforest Bank</b> <b>P.O. Box 7889</b> <b>Spring, TX 77387-7889</b>		<b>J</b>	<b>2012</b> <b>overdrafts</b>			<b>900.00</b>
Account No.  						
Account No.  						
Account No.  						
Sheet no. <b>32</b> of <b>32</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,600.00</b>
						Total (Report on Summary of Schedules)
						<b>137,787.90</b>

B6G (Official Form 6G) (12/07)

In re **King D, Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Christopher &amp; Wilma Tagliente 1304 Simon Drive Chesapeake, VA 23320</b>	<b>residential lease running 2 years started 4-27-13</b>
<b>Simply Storage 4475 Pouncey Tract Road Glen Allen, VA 23059</b>	<b>month-to-month</b>

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continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases



In re **King D. Rives,  
Marydel H. Rives**

Case No. **13-33079**

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Gene W. Hart 1601 Broad Rock Blvd Richmond, VA 23224</b>	<b>Chrysler Financial * 27777 Inkster Road Farmington, MI 48334-5326</b>

B6I (Official Form 6I) (12/07)

In re **King D, Rives**  
**Marydel H. Rives**

Case No. **13-33079**

Debtor(s)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>Daughter</b>	AGE(S): <b>17</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>sales</b>	<b>ad sales</b>
Name of Employer	<b>Konica MInolta</b>	<b>hibu</b>
How long employed	<b>18 months</b>	<b>to start in July 2013</b>
Address of Employer	<b>100 Williams Drive Ramsey, NJ 07446</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>8,641.05</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

3. SUBTOTAL

\$ <b>8,641.05</b>	\$ <b>0.00</b>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): **401k**

\$ <b>1,939.12</b>	\$ <b>0.00</b>
\$ <b>458.90</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>86.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>2,484.02</b>	\$ <b>0.00</b>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>6,157.03</b>	\$ <b>0.00</b>
--------------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

8. Income from real property

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

11. Social security or government assistance

(Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

13. Other monthly income

(Specify):

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>0.00</b>	\$ <b>0.00</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>6,157.03</b>	\$ <b>0.00</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>6,157.03</b>	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Wife recently employed by hibu (formerly known as Yellowbook) at salary of \$500/week gross - est net of \$348/week. Husband is working in Washington DC after recent transfer from Chicago and he expects his income to be less in DC. For lack of a better figure, the 6-mo avg income used in the Means Test is used here for husband's income**

B6J (Official Form 6J) (12/07)

In re **King D, Rives**  
**Marydel H. Rives**

Case No. **13-33079**

Debtor(s)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<b>1,595.00</b>
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		\$	<b>200.00</b>
a. Electricity and heating fuel		\$	<b>50.00</b>
b. Water and sewer		\$	<b>0.00</b>
c. Telephone		\$	<b>380.00</b>
d. Other <b>See Detailed Expense Attachment</b>		\$	<b>0.00</b>
3. Home maintenance (repairs and upkeep)		\$	<b>550.00</b>
4. Food		\$	<b>100.00</b>
5. Clothing		\$	<b>35.00</b>
6. Laundry and dry cleaning		\$	<b>250.00</b>
7. Medical and dental expenses		\$	<b>600.00</b>
8. Transportation (not including car payments)		\$	<b>100.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<b>0.00</b>
10. Charitable contributions		\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
a. Homeowner's or renter's		\$	<b>0.00</b>
b. Life		\$	<b>0.00</b>
c. Health		\$	<b>480.00</b>
d. Auto		\$	<b>0.00</b>
e. Other		\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	<b>50.00</b>
(Specify) <b>personal prop</b>			
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	
a. Auto		\$	<b>395.00</b>
b. Other <b>Jeep payment</b>		\$	<b>275.00</b>
c. Other		\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others		\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home		\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<b>0.00</b>
17. Other <b>See Detailed Expense Attachment</b>		\$	<b>2,299.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<b>7,359.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
<b>Husband recently transferred from Chicago to Washington DC, so transportation expenses, living expenses for DC are estimates. Car insurance is high due to speeding ticket recently received by 17-yr old daughter.</b>			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	<b>6,157.03</b>
b. Average monthly expenses from Line 18 above		\$	<b>7,359.00</b>
c. Monthly net income (a. minus b.)		\$	<b>-1,201.97</b>

B6J (Official Form 6J) (12/07)

In re **King D, Rives**  
**Marydel H. Rives**

Case No. **13-33079**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

**Detailed Expense Attachment**

**Other Utility Expenditures:**

phone, cable and internet	\$	<b>180.00</b>
cell phones	\$	<b>200.00</b>
<b>Total Other Utility Expenditures</b>	<b>\$</b>	<b>380.00</b>

**Other Expenditures:**

wife's personal care expenses	\$	<b>75.00</b>
misc	\$	<b>150.00</b>
husband's rent/ utilities in DC	\$	<b>750.00</b>
Husband's transportation expenses in DC	\$	<b>500.00</b>
pet/vet expenses	\$	<b>150.00</b>
husband's DC food and pers care expenses	\$	<b>435.00</b>
payment to trust for brother	\$	<b>239.00</b>
<b>Total Other Expenditures</b>	<b>\$</b>	<b>2,299.00</b>

**United States Bankruptcy Court  
Eastern District of Virginia**In re **King D, Rives  
Marydel H. Rives**

Debtor(s)

Case No. **13-33079**Chapter **7****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 52 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 4, 2013Signature /s/ King D, Rives  
**King D, Rives**  
DebtorDate June 4, 2013Signature /s/ Marydel H. Rives  
**Marydel H. Rives**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
Eastern District of Virginia

In re **King D, Rives**  
**Marydel H. Rives**

Debtor(s)

Case No. **13-33079**  
Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$45,114.49	2013 YTD husband's wage income
\$109,345.30	2012 Husband's wage income
\$3,697.25	2013 YTD: Wife Wages, commissions, bonus
\$18,742.80	2012 wife's wage income from va return
\$134,000.00	2011 Combined income

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## 2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$4,100.00</b>	<b>2012 husband's unemployment income</b>

## 3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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## 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Linda S. Cavasos v Marydel Rives GV13008579-00</b>	<b>Civil warrant in debt</b>	<b>Henrico General District Court</b>	<b>pending hearing on 6-10-13</b>
<b>Eric T. Voncannon v MARYdel Rives Case GV13004998</b>	<b>civil warrant in debt, garnishment pending for 11/4/13</b>	<b>Henrico GDC</b>	<b>judgment for plaintiff 4-19-13</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Costco Wholesale v Marydel Rives Case GV13007169</b>	<b>civil warrant in debt</b>	<b>Henrico GDC</b>	<b>plaintiff judgment 5-20-13</b>
<b>David M. Marks v King and Marydel Rives Case GV13010084</b>	<b>civil warrant in debt</b>	<b>Henrico GDC</b>	<b>pending hearing on 7/5/13</b>
<b>R.L. Elliott Enterprises Inc v Marydel Rives GV 12005304</b>	<b>civil warrant in debt</b>	<b>Henrico GDC</b>	<b>plaintiff judgment on 4/27/12</b>
<b>Keith N. Hurley Esq v Marydel Rives Case GV13006874</b>	<b>civil warrant in debt</b>	<b>Chesterfield GDC</b>	<b>plaintiff judgment on 5-16-13</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>Credit Acceptance Corp 25505 W. Twelve Mile Road Suite 3000 Southfield, MI 48034</b>	<b>April 2013</b>	<b>Mercedes SUV returned to lender immediately after purchase</b>
<b>Professional Finance Services Central Bky and Recovery Dept P O Box 1893 Spartanburg, SC 29304</b>	<b>April 2013</b>	<b>2005 Lexus surrendered</b>
<b>MoneyMax Title Loans (p) 3440 PReston Ridge Road Suite 599 Alpharetta, GA 30005</b>	<b>July 19, 2012</b>	<b>1999 Jeep Grand Cherokee</b>
<b>Credit Acceptance Corp 25505 W. Twelve Mile Road Suite 3000 Southfield, MI 48034</b>	<b>2011</b>	<b>2002 BMW 540i with 118,000 miles</b>

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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#### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Boleman Law Firm P O Box 11588 Richmond, VA 23230	prior to and during Chapter 13 case 10-36456	\$4256.56
Hovenden & Roush P O Box 1839 Chesterfield, VA 23832	prior to filing	\$1400 in total legal fees and costs: \$306 filing fee, \$73 for credit reports, \$21 HS Deed filing fee, \$87 for required courses and \$913 in legal fees.
Boleman Law Firm P O Box 11588 Richmond, VA 23230	prior to and during Chapter 13 case 12-34306	\$2700
Hummingbird Cred Couns & Ed 3737 Glenwood Ave Suite 100 - 106 Raleigh, NC 27612	prior to filing	\$49 for required credit counseling course

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### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Woodforest Bank P.O. Box 7889 Spring, TX 77387-7889</b>	<b>checking account closed due to overdrafts</b>	
<b>Konica Minolta 401k account 100 Williams Drive Ramsey, NJ 07446</b>	<b>401k account closed in May 2013 - final balance \$0</b>	<b>Approx \$1,700.00 cashed out of account</b>

### 12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
8420 Ridge Road, Richmond 23229	King D. and Marydel H. Rives	2005-2011
1779 S. Dover Pointe Road, Richmond VA 23238-4168	same	May 2011 - May 2013

### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date June 4, 2013

Signature /s/ King D, Rives  
**King D, Rives**  
Debtor

Date June 4, 2013

Signature /s/ Marydel H. Rives  
**Marydel H. Rives**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **King D, Rives  
Marydel H. Rives**

Debtor(s)

Case No. **13-33079**  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>Ameripawn</b>	<b>Describe Property Securing Debt:</b> <b>all personal property</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input checked="" type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
<b>Creditor's Name:</b> <b>Ameripawn</b>	<b>Describe Property Securing Debt:</b> <b>shotgun</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input checked="" type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

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Property No. 3	
<b>Creditor's Name:</b> <b>Ameripawn</b>	<b>Describe Property Securing Debt:</b> <b>Masonic Ring</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input checked="" type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
<b>Creditor's Name:</b> <b>Friendly Finance</b>	<b>Describe Property Securing Debt:</b> <b>2010 Hyundai Sonata with 100,000 miles</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

B8 (Form 8) (12/08)

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Property No. 5	
<b>Creditor's Name:</b> <b>MoneyMax Title Loans (p)</b>	<b>Describe Property Securing Debt:</b> <b>1999 Jeep Cherokee with 140,000 miles</b>
Property will be (check one): <input type="checkbox"/> Surrendered <span style="margin-left: 150px;"><input checked="" type="checkbox"/> Retained</span>	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <span style="margin-left: 150px;"><input type="checkbox"/> Not claimed as exempt</span>	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>Christopher &amp; Wilma Tagliente</b>	<b>Describe Leased Property:</b> <b>residential lease running 2 years started 4-27-13</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <span style="margin-left: 50px;"><input type="checkbox"/> NO</span>

Property No. 2		
<b>Lessor's Name:</b> <b>Simply Storage</b>	<b>Describe Leased Property:</b> <b>month-to-month</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <span style="margin-left: 50px;"><input type="checkbox"/> NO</span>



**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date **June 4, 2013**

Signature **/s/ King D, Rives**  
**King D, Rives**  
Debtor

Date **June 4, 2013**

Signature **/s/ Marydel H. Rives**  
**Marydel H. Rives**  
Joint Debtor

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **King D, Rives**  
**Marydel H. Rives**  
 Debtor(s)  
 Case Number: **13-33079**  
 (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 80px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.	a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b> c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	<b>Column A</b>	<b>Column B</b>																		
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$	8,641.05	\$	1,082.88																
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	c.	Business income	Subtract Line b from Line a		\$	0.00	\$	0.00
		Debtor	Spouse																		
a.	Gross receipts	\$ 0.00	\$ 0.00																		
b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00																		
c.	Business income	Subtract Line b from Line a																			
5	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>																				
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		Debtor	Spouse																		
a.	Gross receipts	\$ 0.00	\$ 0.00																		
b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00																		
c.	Rent and other real property income	Subtract Line b from Line a																			
6	<b>Interest, dividends, and royalties.</b>	\$	0.00	\$	0.00																
7	<b>Pension and retirement income.</b>	\$	0.00	\$	0.00																
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	\$	0.00																
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 10%; text-align: right;">Debtor \$</td> <td style="width: 10%; text-align: right;">0.00</td> <td style="width: 10%; text-align: right;">Spouse \$</td> <td style="width: 10%; text-align: right;">0.00</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00	\$	0.00	\$	0.00											
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00																	
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.																				
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		Debtor	Spouse																		
a.		\$	\$																		
b.		\$	\$																		
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	8,641.05	\$	1,082.88																

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ <b>9,723.93</b>
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ <b>116,687.16</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>VA</u> b. Enter debtor's household size: <u>3</u>	\$ <b>77,585.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input checked="" type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>																										
16	<b>Enter the amount from Line 12.</b>	\$ <b>9,723.93</b>																								
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$ <b>0.00</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> Total and enter on Line 17		a.		\$	b.		\$	c.		\$	d.		\$													
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$ <b>9,723.93</b>																								
<b>Part V. CALCULATION OF DEDUCTIONS FROM INCOME</b>																										
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>																										
19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ <b>1,234.00</b>																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$ <b>180.00</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%; text-align: center;">60</td> <td style="width: 5%;">a2.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%; text-align: center;">144</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td style="text-align: center;">3</td> <td>b2.</td> <td>Number of persons</td> <td style="text-align: center;">0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td style="text-align: center;">180.00</td> <td>c2.</td> <td>Subtotal</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	60	a2.	Allowance per person	144	b1.	Number of persons	3	b2.	Number of persons	0	c1.	Subtotal	180.00	c2.	Subtotal	0.00	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person	60	a2.	Allowance per person	144																					
b1.	Number of persons	3	b2.	Number of persons	0																					
c1.	Subtotal	180.00	c2.	Subtotal	0.00																					
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ <b>535.00</b>																								

20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%; text-align: right;">\$ <b>1,402.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="text-align: right;">\$ <b>0.00</b></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>1,402.00</b>	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ <b>0.00</b>	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$ <b>1,402.00</b>
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>1,402.00</b>									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ <b>0.00</b>									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  <b>actual rent is \$1595/mo</b></p>	\$ <b>193.00</b>									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b>            You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.            Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input checked="" type="checkbox"/> 2 or more.            If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>1,130.00</b>									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>0.00</b>									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  <input type="checkbox"/> 1   <input checked="" type="checkbox"/> 2 or more.            Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: right;">\$ <b>517.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: right;">\$ <b>255.50</b></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ <b>517.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ <b>255.50</b>	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ <b>261.50</b>
a.	IRS Transportation Standards, Ownership Costs	\$ <b>517.00</b>									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ <b>255.50</b>									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.            Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: right;">\$ <b>517.00</b></td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: right;">\$ <b>33.33</b></td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ <b>517.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ <b>33.33</b>	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ <b>483.67</b>
a.	IRS Transportation Standards, Ownership Costs	\$ <b>517.00</b>									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ <b>33.33</b>									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$ <b>3,269.80</b>									

26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$ 0.00
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$ 114.21
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$ 0.00
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$ 0.00
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$ 0.00
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$ 70.00
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$ 0.00
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$ 8,873.18

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$ 317.60</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$ 24.09</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$ 0.00</td> </tr> </table>	a.	Health Insurance	\$ 317.60	b.	Disability Insurance	\$ 24.09	c.	Health Savings Account	\$ 0.00	\$ 341.69
a.	Health Insurance	\$ 317.60									
b.	Disability Insurance	\$ 24.09									
c.	Health Savings Account	\$ 0.00									
Total and enter on Line 34. <b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</b> \$ _____											
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ 0.00									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ 0.00									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$ 0.00									

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$ <b>43.00</b>																				
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$ <b>0.00</b>																				
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$ <b>384.69</b>																				
<b>Subpart C: Deductions for Debt Payment</b>																						
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$ <b>288.83</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Friendly Finance</td> <td>2010 Hyundai Sonata with 100,000 miles</td> <td style="text-align: right;">\$ 255.50</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>MoneyMax Title Loans (p)</td> <td>1999 Jeep Cherokee with 140,000 miles</td> <td style="text-align: right;">\$ 33.33</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Friendly Finance	2010 Hyundai Sonata with 100,000 miles	\$ 255.50	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	MoneyMax Title Loans (p)	1999 Jeep Cherokee with 140,000 miles	\$ 33.33	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				Total: Add Lines	
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			Total: Add Lines																			
43	<b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$ <b>35.99</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Ameripawn</td> <td>ipad</td> <td style="text-align: right;">\$ 7.59</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ameripawn</td> <td>Masonic Ring</td> <td style="text-align: right;">\$ 14.43</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Ameripawn</td> <td>shotgun</td> <td style="text-align: right;">\$ 13.97</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.	Ameripawn	ipad	\$ 7.59	b.	Ameripawn	Masonic Ring	\$ 14.43	c.	Ameripawn	shotgun	\$ 13.97				Total: Add Lines
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c.	Ameripawn	shotgun	\$ 13.97																			
			Total: Add Lines																			
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$ <b>362.50</b>																				
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$ <b>0.00</b>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$ 0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">x 6.50</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.	\$ 0.00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x 6.50	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b											
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46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$ <b>687.32</b>																				
<b>Subpart D: Total Deductions from Income</b>																						
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$ <b>9,945.19</b>																				
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>																						
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>	\$ <b>9,723.93</b>																				
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>	\$ <b>9,945.19</b>																				
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$ <b>-221.26</b>																				

51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$ <b>-13,275.60</b>																		
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).																			
53	<b>Enter the amount of your total non-priority unsecured debt</b>	\$																		
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$																		
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.																			
<b>Part VII. ADDITIONAL EXPENSE CLAIMS</b>																				
56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>pmt to trust for brother</td> <td style="text-align: right;">\$ 239.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>DC living expenses</td> <td style="text-align: right;">\$ 1,385.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td style="text-align: right;">\$ 1,624.00</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.	pmt to trust for brother	\$ 239.00	b.	DC living expenses	\$ 1,385.00	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$ 1,624.00	
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Total: Add Lines a, b, c, and d		\$ 1,624.00																		
<b>Part VIII. VERIFICATION</b>																				
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Date: <u>June 4, 2013</u> </div> <div style="width: 45%;">           Signature: <u>/s/ King D, Rives</u>  <b>King D, Rives</b>  <i>(Debtor)</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">           Date: <u>June 4, 2013</u> </div> <div style="width: 45%;">           Signature: <u>/s/ Marydel H. Rives</u>  <b>Marydel H. Rives</b>  <i>(Joint Debtor, if any)</i> </div> </div>																			

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.